grandfather, Leonard Allmon; and grandparents, Billy and Joann Phillips.

Mr. Speaker, my prayers go out to his family and my deepest gratitude goes out to Sergeant Allmon for his selfless sacrifice for this Nation, and I ask all Members, and I know they will, join me in honoring the distinguished memory of Sergeant William Allmon.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. GARRETT) is recognized for 5 minutes.

(Mr. GARRETT of New Jersey addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. WALDEN) is recognized for 5 minutes.

(Mr. WALDEN of Oregon addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. TIM MURPHY) is recognized for 5 minutes.

(Mr. TIM MURPHY of Pennsylvania addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 5515

Mr. GOODE. Mr. Speaker, I ask unanimous consent to withdraw my name as a cosponsor of H.R. 5515.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

UNIVERSAL HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 60 minutes as the designee of the majority leader.

Mr. LANGEVIN. Mr. Speaker, tonight I am honored to be able to speak this evening about the issue of universal health care, one of the biggest domestic challenges that is facing our country at the present time. I am also pleased to be joined this evening and who will be speaking in just a few minutes, by the gentleman from Connecticut (Mr. SHAYS) on the issue of universal health care.

Mr. Speaker, again I am very pleased to have this time to speak on a topic that remains of paramount concern to individuals and families across the country, and that is again the issue of health care in America.

Health care costs, Mr. Speaker, are rising in the United States at an alarming, alarming rate. Yet despite the fact that we spend more per capita on health care than any other industrialized country, we produce very disappointing outcomes by a number of important measures. One major attributable factor is the high level of uninsured in America.

Furthermore, the U.S. remains the only developed nation that does not guarantee health coverage as a right to all of its citizens. Today, there are nearly 47 million Americans who lack health insurance coverage, leaving one in six without access to proper medical care. What makes these figures more shocking is that over 80 percent of the uninsured come from working families. As the cost of health care continues to rise, it is clearly burdening our families and placing American employers at more and more of a competitive disadvantage. Therefore, I believe it is our duty as policymakers to offer a new vision and new solutions to fix our ailing health care system.

Providing quality, affordable health care to every American has been a long-time priority of mine. And it is in this spirit of furthering the national dialogue on this important issue that my colleague from Connecticut, Congressman CHRIS SHAYS and I have worked together to introduce H.R. 5348, the American Health Benefits Program Act of 2008.

This bipartisan universal health care proposal is based on a tried-and-true program that has stood the test of time, and that is the Federal Employees Health Benefits Program or FEHBP as it is called. Currently over 8 million Federal employees, retirees and their dependents receive health insurance coverage under FEHBP. This includes Members of Congress.

This program uses a system of managed competition between private insurance carriers and provides enrollees with a large menu of coverage options. Its use of bulk purchasing power helps contain costs and brings stability to the system. In 2007, this resulted in an average premium increase of just 1.8 percent compared to the private market average of 6.1 percent. And by the way, I have yet to come across an employer, at least in my home district, or anywhere in the country, for that matter, who has only realized a 6.1 percent increase in their health care costs. Generally it is in the double digits and sometimes you can be talking about 20 or 30 percent or more increases to a given health care plan in any given year. Our proposal basically would use that successful model to provide similar benefits to all Americans, establishing the first ever American health benefits program or AHBP.

Now the development of AHBP will be guided by eight fundamental principles, and they are on this chart to my right: choice, shared responsibility, affordability, portability, continuity, preventive care, and health care reinvestment. I believe these are the types of principles that we have to have in any type of system and they are certainly the core tenets of our universal health care proposal.

Now under AHBP, employers who wish to continue negotiating with private insurance carriers may do so as long as the coverage they offer meets a basic standard set by AHBP. However, employer-sponsored coverage is proving to be more and more cost-prohibitive for businesses as health care costs continue to outpace inflation and insurance options drastically fluctuate from plan to plan. That's why AHBP allows companies to choose to pay a fixed predictable payroll tax according to their size and average employee earnings.

We have a chart here which says that depending on the average number of employees that a company has, as well as according to their average salary, they would pay a certain percentage of their payroll tax. For example, on the very lower end where you have the small businesses that have the lowest average earnings, that company would only pay a maximum of 4 percent of payroll.

On the higher end, you would have the companies that at the very highest end would pay no more than 10 percent of payroll. There would be a certain cap on the average earning itself.

So my point is that there is a range of options here. There is a range of plans to choose from, but this is also an affordable way for employees to have health care coverage.

Basically we are separating out the coverage from the workplace itself. We need to get away from the issue of just employer-sponsored coverage. I think it is the best way to go, and it is a sensible proposal.

For many businesses this may cost less than they currently spend on premium contributions and health care and health plan administration. Payroll tax revenue under the system we are proposing will basically create a funding stream to allow for a fixed government contribution of 72 percent toward health care premiums of every participating American.

Individuals in AHBP will have the responsibility to pay for the remaining share of their premiums, to the extent that they can afford it, again with the lowest income earners receiving subsidies to ensure affordability.

This new program is not a single-payer system. It is not one size fits all, and it does not reinvent the wheel. Medicare, Medicaid and veteran services and other public programs that are tailored to specific populations will remain intact. Additionally, no one will be denied coverage or discriminated against based on their health status or preexisting condition. That is a very important tenet of this proposal.

AHBP will use basically an expanded system of managed competition to ensure that private insurance carriers compete for enrollees on the basis of benefits as well as efficiency, service and price. It will offer portable and continuous coverage and incentivize investment in disease preventive and

long-term preventive care which decrease the costs of care over time.

Investments in health information technology will also lower costs while increasing quality and efficiency.

Mr. Speaker, instituting meaningful systemic reforms will require a fundamental shift in how we view employer-provided coverage and health care delivery. While it is critical that businesses maintain a role, I believe it is essential that we change our perspective of health insurance as a privilege or benefit tied to employment. Instead, we must look at it as a right and a responsibility to be shared by the community. Individuals and employers, health care providers and the government, all have key roles to play in reaching a truly inclusive and efficient health care model.

The unsettling truth is that society already pays for the uninsured. Some think that there is no cost associated with the uninsured. That is completely not true. Society already pays for the uninsured, but it does so at tremendous cost and with staggering inefficiencies. Individuals without health insurance are most often forced to seek care from doctors and hospital emergency rooms only after their illnesses reach catastrophic levels, drastically increasing the risk of complications and the cost of treatment.

Our most recent estimates place total uninsured medical expenses at nearly $125 billion a year. That is staggering. Approximately $41 billion of this total comes in the form of uncompensated care which is predominantly borne by the government and financed by the taxpayer. Beyond this, the cost is also reflected in the form of higher health insurance premiums that everyone pays. This cost is only compounded by the lost income due to reduced employment and job productivity. However, Mr. Speaker, the most disturbing costs are not the monetary costs in nature, but the immeasurable price that we pay in human lives each year as a result of inequitable, inadequate care.

A recently released analysis estimated that 22,000 deaths nationwide occurred last year resulting from adults not having health insurance, averaging one death every 24 minutes. This is simply an unacceptable price to pay for delaying necessary reforms to our health care system, and we need to change it.

The challenges we face in fixing our ailing health care system are great. However, the costs of inaction are even greater.

Mr. Speaker, the time has come for policymakers at all levels and across the ideological spectrum to take action toward developing a health care system that really works for our Nation, one that offers Americans choice, calls for shared responsibility, and is affordable to all.

□ 2015

I believe our proposal introduces a practical model for universal health care while leaving room for further discussion on this very complex issue. And, Mr. Speaker, I believe this is not a Democratic or a Republican issue. It's not a conservative or a liberal issue. It's an issue that matters most to the American people.

And on that note, I am pleased to yield this evening to the gentleman from Connecticut, my partner in this bipartisan universal health care bill and this effort to finally, once and for all, solve our Nation's health care crisis, the gentleman from Connecticut, Mr. CHRIS SHAYS.

Mr. SHAYS. I thank the gentleman for yielding and I appreciate his launching this bill.

Let me say, first and foremost, that you have worked on this legislation for over 4 years, and you have done what many of us in Congress said we wanted to do. We said we wanted Americans to have the same health care that Members of Congress have. And that's what I said, the same health care that Federal employees have, because that's the program that Members of Congress are a part of. It's a program that in my State, and in most States, we have, like, 18 different choices.

And so what I'd like to do, I'd like to start out, if you wouldn't mind putting the American health benefit guiding principles back up on the chart there, because I think that's a good way to start out.

And, again, let me say, Congressman LANGEVIN, it's a privilege to work with you. You have done incredible work to bring forward a plan that Congress can consider seriously. And what you've done is what all of us said we wanted to do, and you've given me the privilege of not having to write it, but I got to edit it. And that's a lot of fun.

So this is a partnership, and what a great partnership, to be able to first argue, as you have, that chart in front of you, universal coverage. So there's 85 percent of the Americans have coverage and 15 percent don't. 90 percent have it in Connecticut. But there are about 45 million Americans that don't have health coverage.

What that does, as you've pointed out so well, it means that you have a distortion in the marketplace because those 45 million are going to get covered when they are really sick in a hospital, and it's going to be the uncompensated care.

So you've written a bill that says, universal coverage. You've written a bill that says, Americans will have choice, which is really important to me. You've written a bill that said there'll be shared responsibility, that individuals, employers, the government, hospitals, insurers, all have a responsibility. That's what you've done.

You and I are seeking to have this be affordable, so we are going to talk about a commission that we've established that would be established under this bill.

But you want it to be portable. You want it to be that if an employee moves somewhere else they're going to have that same coverage. And if the employee wants to upgrade, they can upgrade every year, or reduce it, because Federal employees pay 28 percent of the cost. The government pays the employer, in this case, 72 percent. So 28 and 72 on the part of the government.

The continuity concept, that if employers have worked out a really good program with their employees then they can keep it. But eventually I think they will ultimately want to be part of the American health benefit plan.

And I particularly like the aspect that no insurer is going to be allowed to participate unless they have a strong preventative care program. And we can get into that.

And then the health care re-investment. Insurers take 20 percent out and 80 percent goes to health care. The way you've drafted the bill, and we are promoting this bill, there's going to be, our expectation, and this is our goal, is that 90 percent be reinvested into health care.

Now, it's pretty amazing when you look at the differences in cost. And maybe you want to comment on this. You have a pretty good view of it.

But we're looking at statistics in 2004. And you can see that the Gross Domestic Product in the United States, in 2004, was 15 percent. And yet, it was 11 percent, and in 1980 it was 8.8. But the significant thing is Canada's is at 10, just slightly under 10, where ours is at 15. The United Kingdom is at 8 percent of Gross Domestic Product. Japan is at 8. And Germany slightly over 10. There's a big difference in the cost here compared to our cost. I have a sense that part of that is just the uncompensated care, and that's, you know, we've had information that says that. But I think this is one that just gets you to have to wake up.

If we do nothing, if we do nothing, we are going to be spending, by the year 2016, it's estimated, over $4 trillion a year in health care. And it still means that a good number of Americans don't get the coverage.

So we have to do something. And let me just make this last point, and then I know that you'll have things that you want to say as well.

But our bill, the bill that you wrote, and the bill that I'm now a part of, is going to give Americans choice. And there are going to be some other bills presented. There's a bill that says you have a single payer system. There's another bill that says the individual pays and not the employer in a tax to, and as you've designed the bill, pays into a tax, in which we have 300 million people in one pool. So you don't have this problem of a single employer.

But, no, I just want to make this point before yielding back. The point I want to make is that we all know we're going to get to universal coverage. And the question is not if, but when.

The other question is what is it going to look like? We have the perfect

model, a system that the employer pays, that the individual pays, a system now where the hospitals, because they won't have such uncompensated care, will be contributing a bit, and where the insurers are going to be making sure that more goes into health care.

And there's the other plan that will come out here, Mr. WYDEN's bill, that deserves to be looked at, where the individual is going to pay. There's again, the single payer plan. And then there's the other groups that say, well, let's just kind of work on the edges and keep covering more and more of the uninsured and then see what it looks like when we're done.

So maybe we could have more back and forth dialogue, but this is something I deeply believe in. And I appreciate the work that's gone in by you and your staff. And now, my staff as well.

And this is a debate that Congress needs to say, let's begin it. Let's have a hearing in the House and in the Senate on this legislation, on the other legislation. Let's understand the impact on individuals and on employers.

So this is a lot of fun for me to be out here with you.

Mr. LANGEVIN. I thank the gentleman for his words and also his passion and support on this bipartisan universal health care bill. Your input has been invaluable in crafting this bipartisan bill and bringing it to where it is today, and we hope that this, now, continues, where we begin the process of fixing our health care system, bringing it to the top of the public policy agenda. It is clearly long overdue.

The American people are asking, they're demanding that we fix our health care crisis, and that we cover the uninsured, not only cover the uninsured, but making health care affordable. This is something that's long overdue.

I think it's a national disgrace that we have 47 million people in this country without health insurance. And as we have both pointed out, that because of that, it's a major contributing factor in that we have the highest cost and the worst outcomes in comparison to other industrialized nations. Again, the high number of uninsured is a major contributing factor to that statistic.

So the fact that we have a bill now is exciting because it's based on a template, a tried and true program that's already working.

When I first came to this debate, I said, this is one of the most, the biggest challenges facing our country right now. And I said, why can't we solve it? And is there anything out there that is working now that serves as an example of what we could base a universal health care system on?

And after studying it and looking at it, I said it's really right before us, and that's the Federal employees health benefits program. Right now, we have, the Federal Government, as mentioned earlier, negotiates a variety of different health care plans for more than 8 million Federal employees, dependents and retirees. You've got everything, and the choices of options that are available, from the very basic plan with the small premium and the small copay, up to the more classic comprehensive Blue Cross-type plans and everything in between.

Mr. SHAYS. And if I could just jump in. The key that you make is that there are 8 million individuals, either actively working for the government or retired, who are part of the same pool, and so the purchasing power becomes more powerful.

Mr. LANGEVIN. That's right. Using bulk purchasing power is the thing, by getting more people into one insurance pool, we spread risk around, and it achieves cost containment and stability in the system.

Mr. SHAYS. And the exciting part, I think, or the very sensible part of what we have as Federal employees, because as Congressmen, we have that same plan that all Federal employees have, is that we can choose to upgrade our plan and spend 28 percent on the more expensive plan, or we can choose to lower it each year. But we never have a problem of there being a pre-existing condition.

And thinking how it would work in the private sector, you move to another job and you will be able to keep the same plan. Or you are unemployed. You lost your job. And you have this huge fear of buying COBRA and having to pay all of the cost, and you can't. You're not working. In this case, you would be part of the government coverage, and it would be paid for almost entirely by the government, in that instance, until you were back working.

And what's hugely important about that is to recognize though, that that individual wouldn't, then, be able to get the most expensive plan, they'd have the basic plan. But the basic plan is a good plan.

Mr. LANGEVIN. That's right. Absolutely. And it's equally important to recognize that this is not a big government-run plan. We're not creating another big government bureaucracy. It's government negotiated but it's private competition. It's managed competition. Private insurers would be able to compete for now enrollees based on benefits, efficiency service and price. So the insurance companies have an incentive now to economize, find efficiencies. They would have to deliver on what has been negotiated in the various plans, and that would be clearly spelled out, but they would now be challenged to find ways to do things like invest in preventative and early care, which there really isn't necessarily the incentive, I believe, right now for insurers to do that, because, for example, when it's tied to employment, you know, we all, people change jobs several times throughout their careers. There's no guarantee that an enrollee that starts with an insurance company today is going it would be Insurance Company B, you know, wouldn't be with the Insurance Company A years down the road. They would be with potentially another insurance company, which means, you know, why should Insurance Company A invest in all this early preventative care, when, down the road, when someone gets older and we all become greater consumers of health care, that, why would they, that company wouldn't benefit from the investment that they made, where under this system they would. You may change plans within a particular company, but you may very well be with the same insurance company or plan throughout most of your life.

□ 2030

Mr. SHAYS. I love to talk about this and just delve into the preventative care part even more.

The insurance company isn't guaranteed that that individual will be with them for life. But they are aware that the insurance company's part of the American Health Benefit Plan and that all of the other insurers, as well, have to focus on preventative care. And that's going to be hugely important how people take care of themselves; are they having physical checkups, but more importantly, how do they take care of themselves? Are they smoking? Are they overweight?

You are going to have insurance companies that are going to provide incentives for people, one, to not smoke; to provide incentives for them to lose weight; and this is going to also include a health savings account for those who want it. And the significance of that will be that it becomes a high deductible.

So they would have to put in for the first few thousand dollars, but it comes out of what they put into a savings account. And if they don't spend it, then it stays in that savings account. And then there has been no cost to the insurer and, in this case, it will be a less expensive plan to the government as well.

Mr. LANGEVIN. Right.

Mr. SHAYS. I would love to, if you wouldn't mind, just point out that what we have done in this legislation is that when the bill passes, it will take 2 years to be implemented so that as we vote out the legislation with whatever changes are in there, it may be that the amount that an employer has to put into the system may be higher or lower in certain numbers of employees and so on; and we can go back to that chart in a second. But we want to have time to write the legislation but then to examine it during the course of the 2 years.

And one of the things that we've done is that we require there to be a health benefits commission. And the significance of that is that we don't want the United States to be spending so much more than other countries. So much of our wealth and our income is going into health care, and we would like it to be less.

Mr. LANGEVIN. Right.

And I think that is an important point, if I could just interject. The high costs of health care now are putting not only a tremendous burden on our individuals and families, but it's putting our companies at a significant competitive disadvantage in terms of those companies overseas whose nations have universal health care. And so it is not particularly burdening in individual business itself in foreign countries where it is here where companies bear much of the costs of providing universal health care.

So we're helping to change the dynamic, if you would, of how health care is provided in America. And, again, we're changing it from an employer kind of run system, a sponsor system, to now a universal health care model that everybody is participating in, and it's not necessarily tied to employment. Again, businesses still have an important role to play, we all do. Businesses, government, health care providers.

Mr. SHAYS. But they won't have to negotiate a plan every year, and it won't be unique to that business. It will be a plan that will have been negotiated by the American Health Benefits Plan.

You know, I look at this trend line, and I see that we're looking that in the year 2016, we would be spending $4 trillion. But what will we be spending in the year 2020? And this is without doing what we need to do, which is to reform the system.

And so what we have done is we have established a commission, and the commission will be of nine members, the chair and vice chair, as well as two other members who will be chosen by the comptroller general. The President, the majority leader, the minority leaders of the Senate and Speaker, the minority leader of the House will choose one representative. And the commission shall examine and make recommendations regarding the major issues and cost drivers affecting the delivery of health services as it pertains to the American Health Benefit Program.

Within the legislation, we specifically are directing the commission to examine a comparison of the American Health Benefit Plan to other public health insurance programs, the proper implementation and utilization of electronic medical records and other health information technologies, including privacy and interoperability issues. We're directing them to look at the effects of medical malpractice insurance and defensive medicine on the delivery and cost of health care, and that's something that needs to be looked at.

The patterns and effects of overutilization. When do people overutilize care? Why do they overutilize it, and what steps can an overall plan do to encourage all of the insurance companies to have some of the basic same practices that would discourage overutilization?

We are having them look at the cost and implementation factor of retiree health coverage under the American Health Benefit Plan. What is the impact of retirees? And candidly, what is the impact of the last few months of someone's life when we see a huge amount of money spent?

A comparison of prescription drug prices under the American Health Benefit Plan to other public health programs, and the effects of insurance monopolies on health care costs and delivery, we need to look at that.

Now, what this commission will do, it has 18 months to file its findings, which is 6 months before the law actually goes into effect. But we're asking them to give us a preliminary finding 12 months in, a final version 18 months, but one 12 months.

So the legislation passes 2 years before it's implemented. The commission comes back in a year and says, You need to make these changes to help control costs, to help discourage overutilization, to help with preventative care. That would help save costs in the long run. We will come back 18 months later.

Now, one of the last points I would make, and I know that you have comments that you need to make as well, we are willing to amend this legislation as we get data. And, for instance, I hope that sometime again we can look at the chart that you had where you talked about employer contributions because we're asking employers to say, okay, what do you pay now and how would this legislation impact you. And even if now they would be paying a little bit more, I suspect that in the long run, because their costs are going up significantly without a plan, but if I could just point out how this chart works. It's rather small. But we look at an average wage earner of $21,000 or less, and then we say okay, there's 10 employees to 25 employees. There are 200 to 500 employees. That's on the left column. And in an average wage of $21,000 or less, even with 500 employees, they would only be paying about $1,000, slightly over $1,000 a year.

Now, when you go and look at someone who is making $83,000-plus, the amount that they would be contributing would ultimately max out, potentially, at a much higher rate, more than $10,000. But the question is, what do they pay now?

Did I get that right? Yeah.

But the point is, employers are going to say, I have 26 employees, their average salary is $42,000. They will know that they're going to be paying approximately $6,600 an employee. So that's what they would pay under this plan. What do they pay now, and are there employees having the same choices that now—do they have the same choices under their private plan as they would under this plan?

Mr. LANGEVIN. Right. And that's an important point to make.

There are some employers that, though they offer health insurance, the company may only offer one plan, and it may not fit the needs of all of the employees. It may be good for some but, again, not everyone.

Under this plan, there would be a variety of plans to choose from: again, a very basic plan with a small premium, a small copay, up to the more comprehensive-type programs, and several options in between. And it's basically bringing everyone into one insurance pool.

So you're bringing a younger, healthier population into the program; you're spreading risk, which leads to more stable costs; and we talked about the fact that the Federal Employees Health Benefit Program under last year only had a 1.8 percent increase in its health care plans on average and the private sector had about a 6.1 percent increase. And I think that's even modest.

So, again, a good model here.

I'm glad that you raised the issue of the commission because it is important to look at the reasons for the rising costs of health care and then look at what options we can employ to achieve cost containment and bring stability to the system. Things like employing health information technology, the electronic medical records that we're talking more and more about these days, the cost of prescription drugs and how that system is run, and how we pay for prescription drugs. I'm looking at performance-based outcomes that the commission would look at. Again, all important tenets of achieving cost containment.

And you rightly pointed out that employers, in determining whether they like the system or not, are going to look at the range of costs or percentage of payroll that they would contribute based on the size of their company. Employers, I suspect right now, hopefully this will encourage them to ask, what are we paying as a percentage of payroll right now, and that figure will determine, in many ways, whether this system works better or worse for them. I suspect that in many cases it will be better.

And we pointed out that the smaller companies with the lowest average salaries would pay no more than 4 percent of their payroll toward this payroll tax. And the larger companies with the highest salaries would pay no more than 10 percent of payroll and not to exceed more than $12,000 per employee.

Mr. SHAYS. Right. Because what we do is we cap the payroll at $120,000. And so it ends up being $12,000 an employer would pay.

But when I was speaking of someone with 500 employees, they would pay $21,000 salary, they pay 5.25, 5¼ percent of payroll. It gets up to, if they're making $83,000 on average, and that would be quite a company, then they would be paying the 10 percent rate. And the key is that when we drafted this legislation, we had the input of private foundations and experts. But in the end, this still is an estimate of what we

think brings in the revenue needed to provide the services.

And the challenges you just don't know until you get more into it. That's why the hearings are so necessary.

Mr. LANGEVIN. Absolutely.

Mr. SHAYS. We have to draft legislation that we think is as accurate as can be, and then we present it to those who would be impacted: Employers, government individuals, and say tell us how it impacts your life. I have committee meetings, and I had individuals say, well, for a period of time I lost my job. This plan would have meant I would have had health care.

□ 2045

I had someone else who said, you know, I had a condition. I was insured. I couldn't hold my COBRA. I couldn't keep my insurance for a while. It stopped. And then I got insurance later and they said, you had a preexisting condition, and they weren't covered.

I had business men and women who said, I only have five people in my office, and we're paying an exorbitant amount. I mean, under our legislation, someone who had less than 10 would be paying, if their salary was $21,000, 4 percent of payroll. If their salary was 83, they would be paying 6 percent of payroll, far less than what they're paying now, far less. And so, it's a debate that we need to have. Now, I'm waiting for the employer who comes to me and says, guess what? Under your plan, I'm going to have to pay more. I want him or her to tell us why and how much. So we need to make sure that people get on your web page or our web page and take a look at this legislation and give us feedback.

We're going to literally tour the country to argue that we need to begin, first, a debate on health care that our bill, the bill presented by Mr. WYDEN, the bill of the single payer, all of that should be brought forward for really a terrific debate.

Mr. LANGEVIN. I couldn't agree more. This is one of the most challenging issues facing us in our time right now. It's going to take time and effort to get the message out and hopefully encourage support for our plan.

I'm glad that you and I have made a commitment to travel the country so that we can help to bring the plan before people, hopefully to educate the American people about what we're proposing, and offering this as a viable solution to our Nation's health care crisis. It's clearly long overdue. And in my home State of Rhode Island, it's the number one domestic issue that I hear most about. It is directly tied in many ways to the health of our economy and making sure that our companies can be competitive in this global market. It's important to individuals and families.

And no person should have to worry if they're going to lose their home because they come down with a catastrophic illness or a family member comes down with a catastrophic illness, but that happens every day across this country right now because of the present health care system. And again, it's not that there is no cost associated with the uninsured. If someone is that sick and they need to be treated, they're going to go, very often, to the hospital, to the emergency room where they're going to be seen. But usually by then it's at the end stage of an illness where a person is so sick that they have to be likely hospitalized, or the cost of treating them is far more expensive than it otherwise would have been at the earlier stages when early intervention, early care would have made all the difference if it were with a prescription or some other treatment. Now we're offering a system to change that.

Mr. SHAYS. See, that's, I think, one of the key points. You could make an assumption that 15 percent are not covered and you're now going to cover them, that it means it's going to be more expensive for everyone. And there are arguments that we might have to phase the legislation in to make sure that we get more doctors and nurses and so on because we're looking at potential shortages. But the key thing is that those that don't have insurance have extreme measures taken, and by extreme, more services, more costly services. And so we have this artificially inflated cost, and that clearly will have an impact if everyone is, in fact, covered.

Before we end, I'd love to make sure we just go right through the simple parts of this legislation. If I could just start by saying you've written a bill that says all Americans should have the same health care benefits and opportunities that Federal employees have. Federal employees, Members of Congress who are Federal employees, we pay 28 percent of the cost, the government pays 72 percent of the cost. We can get a more expensive plan or we can get a less expensive plan.

What your plan does is it puts everyone in a pool, one pool, 300 million people. It spreads out the cost. It gives all Americans at least, probably—we have now 18 choices, there will probably be more, and they have choice. Your plan says that you will never lose your insurance, ever. Your plan says it doesn't matter if you're an employer with five employees or one with a thousand. Your plan recognizes whether you're one person or 500, you're going to get covered and be part of the same pool.

And ultimately it means that we're going to do something that we've talked about for 50 years, and that is, this great country of ours, the United States of America, will have a universal plan, all Americans. And when we do it, I think you're going to find that we're going to say, what took us so long?

So it's just a real pleasure and an honor to work with you and your staff. And I look forward to our having some impact on this hugely important issue.

Mr. LANGEVIN. I thank the gentleman from Connecticut again for his words and his support in helping to craft this bipartisan universal health care bill.

Like you, I believe that the American people deserve the same kind of health care coverage as Members of Congress. And this is a bill that achieves that goal. It's something that is long overdue. It's something that is vitally important to every family across America, making sure that our families are taken care of, our businesses can stay competitive, and that we're offering something that is affordable, not only for the short term, but for the long term.

In closing, for individuals, the American Health Benefits Program offers choice, affordability, and portability. You can take the coverage with you if you change jobs. And on the side of how we provide this coverage, it's managed competition whereby insurers would now have to compete for enrollees based on benefits, efficiency, service and price; again, a good model for guaranteeing coverage, but making sure that it's affordable, with an important component of cost containment, making sure that we're looking at using the most innovative technologies out there, such as health IT records, and other things that would make sure that we're providing the most efficient and affordable care possible, but comprehensive care.

I think my friend has some other comments that you would like to make as we close?

Mr. SHAYS. We just have to insert different names here, but our web page is www.house.gov/shays. If someone goes to www.house.gov/shays, they will see this plan, as we've been talking about, on our main page. And I'm assuming that your web page would be www.house.gov/langevin. So they can go on either of our web pages and see the plan.

We would love for people to respond, tell us what they like about it, how they would benefit. And then we would like their help in contacting their Member of Congress and saying we would like you to support the Langevin bill, and get on it. We need to start getting cosponsors. We need to encourage Congress to have hearings on this legislation, begin that process.

So again, that's www.house.gov/langevin or www.house.gov/shays.

Mr. LANGEVIN. I thank my colleague. And I couldn't agree more. We want people to look at this plan, tell us what part of it they like, what they don't, what works, what doesn't, so that we can improve upon it. And certainly it's important for people to get educated because this is an issue that is clearly confronting our country. It is serious, it is challenging, but the time to solve it is now.

We're beginning the process. We invite the American people to be partners with us in this effort. I look forward to traveling the country with you as we talk to groups across the country and hopefully enlisting their support,

and ultimately the support of all the Members of this House and the Senate.

I look forward to the day where we can pass this bill in both Chambers and put it on the President's desk for the President's signature, and again, truly make a difference for the people that we serve. I think it's the right thing to do.

With that, I thank my colleague from Connecticut for his friendship, his valuable input and support on this bipartisan universal health care bill. And I also want to take a minute just to thank the Speaker for giving us time to discuss this very important issue.

Mr. SHAYS. If I could thank the Speaker as well. And thank you again and your staff, and my staff as well. It's a great opportunity to work on this legislation with you. Thank you.

Mr. LANGEVIN. Thank you. I thank my staff as well. It is something that often gets overlooked, and I want to make sure that it's not because your staff and my staff have worked so closely on this, as well as the effort that you and I have put in. A lot of great work has come from this collaborative effort. And I thank you again for your support and your input.

TAXPAYER FREEDOM DAY

The SPEAKER pro tempore (Mr. ELLSWORTH). Under the Speaker's announced policy of January 18, 2007, the gentleman from Michigan (Mr. WALBERG) is recognized for 60 minutes as the designee of the minority leader.

Mr. WALBERG. Mr. Speaker, I appreciate the opportunity tonight to be on this floor to speak on an issue that is near and dear to a lot of our hearts, and certainly a lot of our constituents' hearts, because tomorrow, April 23, is Taxpayer Freedom Day. It's an opportunity, for the first time this year, for taxpayers to start working for themselves and not simply for their government to pay taxes.

On April 15 we paid our taxes. On April 23, days beyond that, we come to a point where it is no longer an issue of working to pay just the taxes that each taxpayer needs to pay, but now we go on to do for ourselves what we can and should do that would allow us to do things for others that we would like to do as well, to benefit them, to meet needs that cannot simply be met by government, that can be met in special ways by ourselves.

This morning I had the privilege of being at a Big Brothers, Big Sisters breakfast fundraiser and hearing an outstanding speaker who was from business and industry, a leader in her own right with a major corporation in my district, and yet appealing to the fact that in the private sector, in charities and special functions, that there is a place for finding ways to do it better, quicker, faster, more efficiently and cheaper in the process, that there needs to be ways to collaborate in such a way that organizations that sometimes are redundant and overlap come together, if not to join forces as the same group, but to join forces in providing resources to each other that they don't have to duplicate. I said to the speaker afterwards, you know, that's, indeed, what government ought to be doing as well.

The only way we will do that, though, is by forcing ourselves to do things appropriately to allow the engine of our economy, that being the private sector, individual worker, entrepreneur, risk taker, business person, industry, to do for themselves only what they can do. And to do that, they certainly need to have the resources in place that will enable them to function successfully.

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By having to work until April 23 just to pay taxes, that's not the right approach to accomplish that.

I recently was hooked on the HBO mini-series ''John Adams,'' a mini-series on the take-off on the book written by David McCullough, a noted historian on the Framers of our way of life here in the United States, our governmental system, the Constitution, Bill of Rights, and all that makes this country great. And I was again impressed by the character of the Framers of our system of government who saw freedom and liberty as the ultimate priority and saw that freedom and liberty ultimately flowing from individual property rights, individual rights to use resources that they had, and the opportunity ultimately in the Revolution to break away from the King and be able to control more of one's own largesse, limited or great as it might be.

I was impressed by the character of these gentlemen and those behind them, the men and women who supported them. I was impressed with the fact that they believed in people, in individuals, in their ability to make good decisions, their ability to choose well, their ability to spend their resources more wisely, more efficiently, and better, certainly, than a larger body known as the government.

They were also appreciative, Mr. Speaker, of the fact that these individuals, in greatness of their own hearts, could reach out and meet the medical needs, meet the security needs, meet the housing and care needs of individuals, and go beyond just themselves because they had ability to do that, if their government allowed them the liberty and freedom of choice because they had resources to do that as well.

I believe that our Framers never ever would have envisioned what we've come to today. They would have never envisioned that we, as individual taxpayers, would work until April 23, after paying taxes on April 15, just to pay the taxes that we paid on April 15. That is what they revolted for, that lack of liberty and choice in using their own resources.

Someone far more significant than I once said, ''The ability to tax is the ability to destroy.'' I can't talk about other States, and I'm delighted to have another Member with me on the floor tonight to discuss this issue as well, my friend and colleague and the freshman class president, of which I'm part, BILL SALI from Idaho. I can't talk, Congressman, about your State, but I can talk about Michigan, a great State, a great State of natural resources, surrounded on three sides by the Great Lakes if we count our upper peninsula, and I would not forget the Upers, surrounded on three and a half sides by the Great Lakes, with natural resources in the ground, growing on top of the ground, and with natural resources known as human resources that would be second to none. A State that has a history of producing things, of manufacturing, leading in manufacturing, developing the auto industry. The district of which I represent, right in the heart of it was where Henry Ford developed the whole process that has become the assembly line approach to the auto industry.

And yet this great State at this point in time sits at, sadly, the number one worst unemployment rate in the Nation. According to CEO Magazine last week, we rank the 49th worst business climate in the United States. We have people moving out of the State to find jobs. We have our friends in Indiana recruiting jobs from Michigan and doing it far more easily because of what we have done in our State. A State that truly is being destroyed by the ability to tax.

Most recently, the State legislature and our Governor went the wrong direction and frustrated any type of turnaround by increasing income tax, by putting a tax on services for the first time, and then putting a new business tax in place. And then having the cry come up from the taxpayer about the service tax, they rescinded that and put a surcharge on top of the business tax. And then we have the chutzpah in ads and otherwise that say that we are open for business.

I love my State. I love the people of my State. And I think we are Wolverines because we're tenacious, as de Tocqueville said. But we are frustrating the engine of the economy by the excessive taxation that we have put on.

I want to talk more about it, but I know Congressman SALI has much to say on this as well because, Congressman, you are known, first and foremost, as a man of principle, but a friend of the taxpayer, a man who came to Congress because of that agenda to provide less frustration and more opportunity for taxpayers. And I know that tomorrow you will rejoice that we have reached Taxpayer Freedom Day. But I know as well, my friend, that you wish it was far sooner than April 23.

I yield to my friend from Idaho.

Mr. SALI. I would like to thank the good gentleman for yielding to share a few thoughts.